

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869123

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6		1		1		
7			1			
8			1			
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14	1			1		
15	1			1		
16	1			1		
17	1			1		
18	1			1		
19		1		1		
20	2			1		
21	2			1		
22	1			1		
23			1			
24	1			1		
25	1			1		
26	1		1			
27			1			
28			1			
29			1			
30			1			
31			1			
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34			1			
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38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

	*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53						
54						
55						
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57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831